



## City of Grand Rapids

### Transient Merchant/ Downtown Vending Application

☐ Transient Merchant      ☐ Vending Cart Operator      ☐ Vending Cart(s)      Number of Carts \_\_\_\_\_  
☐ Sidewalk      ☐ Downtown  
☐ Mobile      ☐ Mobile

Applicant Name: \_\_\_\_\_  
First Middle Last

Other Names Used or Aliases: \_\_\_\_\_ ☐ Male ☐ Female

Home Address: \_\_\_\_\_  
(Street, City, State, ZIP)

Mailing Address: \_\_\_\_\_  
(If different from Home Address)

Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In.      Weight: \_\_\_\_\_ Lbs.      Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Last 4 Digits of S.S. #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Goods to be sold: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Location where goods or products are at present time: \_\_\_\_\_

**Criminal Conviction History – List ALL Misdemeanor and Felony Convictions.** Failure to disclose any and all convictions or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of a license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheets if needed)

**Traffic History – List ALL Violations and Accidents in the Past 12 Months.** Failure to disclose any and all traffic incidents or the submittal of inaccurate information is falsification of application and sufficient cause for immediate denial or revocation of a license.

<u>Date</u>	<u>Offense</u>	<u>Court</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheets if needed)

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.

\_\_\_\_\_  
Applicant's Signature      Date

City Clerk's Use Only	
Verified by: _____	Date: _____
Name: _____	
State License #: _____	
Expiration Date: _____	
City License #: _____	
City Clerk's Office <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
_____ City Clerk or designee	_____ Date

# City of Grand Rapids

## Business License Application – Part II



**This form must be submitted with all license applications.  
Applicants are required to read and initial all sections below.**

Business Name: \_\_\_\_\_

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials\_\_\_\_\_

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials\_\_\_\_\_

I understand the license year applicable to all licenses shall begin on July 1<sup>st</sup> of each year and shall end on June 30<sup>th</sup> of the following year.

Initials \_\_\_\_\_

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials\_\_\_\_\_

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials\_\_\_\_\_

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials\_\_\_\_\_

I understand the business property must have the proper zoning classification before a license can be issued.

Initials\_\_\_\_\_

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials\_\_\_\_\_

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials\_\_\_\_\_

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials\_\_\_\_\_

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials \_\_\_\_\_

If an interpreter was used, please provide their name and number below.

\_\_\_\_\_  
Name of interpreter (printed)

\_\_\_\_\_  
phone number